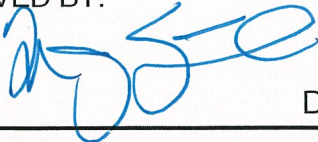




LACDMH
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT QUALITY IMPROVEMENT PROGRAM	POLICY NO. 1100.01	EFFECTIVE DATE 03/16/2015	PAGE 1 of 6
APPROVED BY:  Director	SUPERSEDES 105.01	ORIGINAL ISSUE DATE 02/15/2006	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To ensure the quality and appropriateness of care delivered to consumers of the mental health system meet or exceed the established local, State, and federal service standards.
- 1.2 To define the structure and process of the Quality Improvement (QI) Program within the Los Angeles County Department of Mental Health (LACDMH).
- 1.3 To comply with standards set by the Department of Health Care Services (DHCS) through the Medi-Cal Performance Contract.

BACKGROUND

- 2.1 The LACDMH QI Program has a shared responsibility with its contract providers. It has a commitment to maintain and improve the quality of its service and delivery infrastructure. The QI Program shall support this commitment by establishing processes for continuous improvement of services. This includes processes for resolving service and system issues through systematic evaluation and implementation of feedback loops matched to available resources.

DEFINITION

- 3.1 **Quality Improvement Program:** A consumer-focused program involving leadership, management, and clinic staff to create and sustain a culture of continuous improvement and total involvement.

POLICY

- 4.1 Management Responsibilities

- 4.1.1 The QI Program shall be accountable to the Director of the LACDMH.



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- 4.1.2 The QI Program shall be under the general auspices of the Deputy Director of the Program Support Bureau, who shall direct program responsibility and ensure compliance with Departmental QI practices. This includes, but is not limited to, compliance with all mandated QI programs as well as Departmental policies and procedures which impact the quality of care.

PROCEDURE

5.1 The Departmental QI Program shall:

- 5.1.1 Be administered by a licensed mental health professional.
- 5.1.2 Coordinate with the Bureaus/Units which conduct performance monitoring activities throughout the Department including, but not limited to, client and system outcomes, fair hearings, resolution of beneficiary grievances, clinical issues, provider appeals, assessment of beneficiary and provider satisfaction, and clinical record review.
- 5.1.3 Include the Compliance, Privacy, and Audit Services Bureau on the LACDMH Quality Improvement Council (QIC) monthly meeting agenda for purposes of reporting and discussing policy updates.
- 5.1.4 Develop an annual QI Work Plan and Evaluation Report that includes the following:
 - 5.1.4.1 An evaluation of the overall effectiveness of the QI Program demonstrating that QI activities have contributed to meaningful improvement in clinical care and client services;
 - 5.1.4.2 A description of completed and in-process QI activities including performance improvement projects;
 - 5.1.4.3 Monitoring of previously identified issues;
 - 5.1.4.4 Planning and initiating activities for sustaining improvement; and



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5.1.4.5 Developing goals and monitoring plans for activities in the following six (6) areas:

- Service delivery capacity and organization;
- Service accessibility;
- Beneficiary satisfaction;
- Service delivery system and meaningful clinical issues affecting beneficiaries;
- Continuity and coordination with other human service agencies; and
- Provider appeals.

5.1.5 Identify and implement at least two (2) performance improvement projects annually, one clinical and one non-clinical, in accordance with Title 42, Code of Federal Regulations (CFR), Section 438.240(a)(2).

5.1.6 Support local Service Area/Countywide QIC structure

5.1.6.1 Participate in the local Service Area and Countywide QIC meetings;

5.1.6.2 Review and respond to issues and/or recommendations raised by the local Service Area QICs;

5.1.6.3 Assist the local Service Area QICs in determining and developing performance improvement projects relevant to local issues; and

5.1.6.4 Provide information and support to the local Service Area and Countywide QIC Chairs on problem/issue resolutions.

5.1.7 Disseminate information that will enable service providers throughout the system to be in compliance with quality of care requirements.

5.1.8 Distribute the QI Work Plan to all Short-Doyle/Medi-Cal Organizational Providers (directly operated and contractors).



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5.1.8.1 All inpatient programs shall develop their own quality improvement plan which must comply with relevant California State and local requirements.

5.1.9 Provide quarterly updates and appropriate recommendations to the LACDMH Executive Management Team on QI related projects and activities, External Quality Review Organization review items, and DHCS mandates.

5.2 The LACDMH QIC shall consist of practitioners, consumers, and family members who will have an active role in the planning, design, and execution of QI activities. The LACDMH QIC shall:

- Oversee and be involved in QI activities including performance improvement projects;
- Recommend policies;
- Review and evaluate results of QI activities including performance improvement projects;
- Institute needed QI actions;
- Ensure follow-up on QI processes;
- Review the Department's QI Work Plan; and
- Meet at least quarterly. Minutes of these meetings shall be taken. The signed and dated meeting minutes shall reflect all decisions and actions. The minutes shall be maintained for a minimum of three (3) years.

5.3 Local Service Area/Countywide Quality Improvement Committees (SA QICs)

5.3.1 Local Service Area QICs shall be composed of at least one (1) staff from every organizational provider within the Service Area, as well as family members and clients. Since the Countywide QICs represent specific groups such as children, the composition shall be appropriate to the represented group.

5.3.2 Local Service Area QICs and Countywide QICs shall:

- Meet at least quarterly;
- Select a Chair/Co-chair member;



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- Discuss pertinent issues related to areas identified in Section 5.1.4;
- Develop and implement feedback loops to organizational provider staff regarding quality of care issues and problem resolutions discussed at the QIC meeting; and
- Minutes of these meetings shall be taken. The signed and dated meeting minutes shall reflect all decisions and actions. The minutes shall be in the same format as used for LACDMH QIC meeting minutes. Minutes shall be maintained for a minimum of three (3) years.

5.4 Organizational Provider QIC

- 5.4.1 All organizational providers, directly operated and contracted, shall have a QIC.
- 5.4.2 The QIC shall meet at least quarterly or more frequently based on agency's needs.
- 5.4.3 The QIC shall maintain meeting minutes that reflect all decisions and actions. The minutes shall be signed and dated and be maintained for a minimum of three (3) years.
- 5.4.4 The QIC shall monitor the following areas to ensure quality of care of:
 - Service accessibility;
 - Beneficiary satisfaction;
 - Service delivery system and meaningful clinical issues affecting beneficiaries;
 - Coordination of care with other human service agencies; and
 - Beneficiary grievances.

5.5 Utilization Review (UR)

- 5.5.1 Each organizational provider shall establish a UR process within the agency.



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- 5.5.2 UR shall be part of the Organizational Provider's QI program and under the umbrella of the QIC.

AUTHORITY

1. Title 9 CCR § 1810.440

REFERENCE

1. Title 42 CFR § 438.240(a)(2)

RESPONSIBLE PARTY

LACDMH Program Support Bureau, Quality Improvement Division